

Coitus Interruptus (Withdrawal)

"We live far from the city. A woman must take one entire day to visit the family planning clinic. My son will be married next month. I have told him about how he can spill his seed outside of his wife. Although modern family planning methods are best—my own wife gets the injection—there are times when a man and woman feel loving but may have run out of their contraception. I pray that my son has a healthy family, and that to me means also that the children are wanted. My father told me about spilling my seed on the ground, and so I tell my son."

Trying to control fertility through coitus interruptus, or withdrawal, was a natural response to the discovery that ejaculation into the vagina caused pregnancy. Historically, coitus interruptus was widely practiced⁸ and played a predominant role in the fertility declines that took place before modern contraceptive methods were developed. Although few women report using withdrawal as their primary method of family planning, many couples have probably used the method as a back-up option during their reproductive years.

OVERCOMING BARRIERS

Very few barriers exist to discourage couples from using withdrawal as a contraceptive method. The primary barrier is probably the attitude among health professionals that withdrawal is ineffective as a contraceptive. This attitude may be transmitted to men and women in the community. In reality, withdrawal is a reasonably effective method that can be used by couples who wish to space births and do not have contraindications to pregnancy or extremely strong desires to avoid pregnancy. When pregnancy is definitely not wanted, a more effective contraceptive is needed. For many couples, however, withdrawal would have a number of advantages, including its being a traditional method that is always readily available. The attitudinal barrier could be overcome by education and counseling. Health professionals and care-givers should avoid making negative statements about the method.

MECHANISM OF ACTION

Coitus interruptus prevents fertilization by stopping contact between spermatozoa and the ovum. The male partner interrupts intercourse and withdraws his penis from his partner's vagina before he ejaculates.

EFFECTIVENESS

Although coitus interruptus has often been criticized as ineffective, it probably offers a level of contraceptive protection similar to that provided by vaginal barrier methods. Its effectiveness depends largely on the male's ability to withdraw before he ejaculates. How effective the method would be if used consistently and correctly is unknown. Our best guess is that about 4% of perfect users would fail in the initial year.¹⁰ Among typical users, about 19% would fail during the first year.

ADVANTAGES AND INDICATIONS

As a method of birth control, withdrawal has several distinct advantages. It costs nothing, requires no devices, involves no chemicals, is available in any situation, and causes no medical side effects. Couples who cannot or do not wish to use other contraceptive methods and who can accept the possibility of unintended pregnancy would find withdrawal an acceptable alternative. It is a back-up contraceptive that is always available.

DISADVANTAGES AND CAUTIONS

Coitus interruptus has several disadvantages.

- For some couples, interruption of the excitement or plateau phase of the sexual response cycle may diminish pleasure.
- The method does not forgive incorrect or inconsistent use.
- Contraceptive failure may be due to the lack of self-control that is required to use the method. With impending orgasm, men (and women) experience a mild to extreme clouding of consciousness during which coital movement becomes involuntary.⁵ The man may feel the urge to achieve deeper penetration as he nears orgasm, and he may not withdraw in time to avoid depositing semen in his partner's vagina or on her external genitalia.
- The couple is not protected from sexually transmitted infections (STIs), including the human immunodeficiency virus (HIV). Surface lesions, such as those from herpes genitalis or human papillomavirus, may be infective. Not only does unintentional ejaculation pose a risk for infection, but so does the pre-ejaculate fluid. The pre-ejaculate fluid can contain HIV-infected cells,^{4,7} although epidemiologic studies have not determined the potential of the pre-ejaculate to infect a man's sexual partner. In one prospective study, the condom failed to protect some sexual partners against gonorrhea, because they were exposed to infectious secretions before the condom was used.¹

A study of stable couples in which the man was HIV-infected but the woman was not showed that coitus interruptus was somewhat better than regular, unprotected penile-vaginal intercourse at keeping the woman from becoming infected. This method reduced the HIV conversion rate of women by half in one study⁶ and by an even larger percentage in another.² Still, although coitus interruptus may decrease HIV exposure by reducing the amount of semen that enters the vagina, the seminal fluid that emerges from the penis prior to ejaculation may contain some HIV (as well as a small number of sperm).³ Because a significant number of women have become infected with HIV while their partners consistently practiced withdrawal, caregivers or educators should not recommend withdrawal as a method for preventing HIV infection in women.

Studies that have found withdrawal to be beneficial in reducing HIV infection looked only at stable heterosexual couples. Findings from these studies may not hold true for women with several HIV-infected partners. Finally, coitus interruptus has not been studied as a way to reduce HIV transmission from women to men, but there is little reason to assume it would be helpful.

It is possible that the pre-ejaculate fluid sometimes carries sperm into the vagina. Although the pre-ejaculate, a lubricating secretion produced by the Littre or Cowper's glands, contains no sperm, a previous ejaculation may have left some sperm hidden within the folds of the urethral lining. In one study, researchers found no sperm in 16 samples of pre-ejaculate from men who did have sperm in the ejaculate.⁴ Examinations of the pre-ejaculate in another small study⁷ found the pre-ejaculate to be free of spermatozoa in 11 of 11 HIV seronegative men but only 4 of 12 HIV- seropositive men. Although the 8 samples that contained spermatozoa revealed only small clumps of a few hundred sperm, these might still pose a risk of fertilization. In all likelihood, the spermatozoa left from a previous ejaculation could be washed out with the force of a normal urination. However, this remains unstudied.

PROVIDING THE METHOD

The clinician or educator cannot assume that a man already knows how to use the withdrawal method correctly. Discussion about contraception should, therefore, include instructions for using withdrawal.

Explain that the couple may have penile-vaginal intercourse until ejaculation is impending, at which time the male partner should withdraw his penis from the vagina and away from the external genitalia. The man must rely on his own sensations to determine when he is about to ejaculate. Because neither the man nor the woman is likely to notice the release of the pre-ejaculate, which normally happens just before full ejaculation, they should not rely on that event as a way of timing withdrawal. The sexually inexperienced man may find it particularly difficult to achieve the self-control required to practice withdrawal. You might suggest that the man practice withdrawal by bringing himself to ejaculation without his partner's assistance so that he becomes more aware of his pre-ejaculatory sensations.

Because sperm may be present in semen left behind in the urethra after ejaculation, suggest that the man urinate after intercourse, especially if he plans to have intercourse again very soon.

INSTRUCTIONS FOR COITUS INTERRUPTUS

For centuries, African men have used withdrawal to avoid getting their partners pregnant. However, the man who uses withdrawal must be aware of the sensations he feels so he can predict when he will ejaculate.

1. Before intercourse, the man should urinate, then wipe off the tip of the penis to remove any remaining sperm from a prior ejaculation.
2. When he feels he is about to ejaculate, the man should withdraw his penis from his partner's vagina, making sure that ejaculation occurs away from her genitalia.

3. Withdrawal is not a good contraceptive method under the following conditions:
 - The man cannot predictably withdraw prior to ejaculation.
 - The man intends to have repeated orgasms, which may cause the pre-ejaculate to contain spermatozoa.
4. Withdrawal does not protect against infection with the human immunodeficiency virus (HIV); it does not protect against other sexually transmitted infections (STIs) either, although the question remains to be studied. Abstinence or condoms provide far better protection against STIs.
5. Withdrawal is a considerably better method of contraception than no method at all.
6. The couple should learn the options available for postcoital protection, should any ejaculate come in contact with the vagina. The couple should have available a supply of emergency contraceptive pills, birth control foam, or some type of spermicide in case of unintentional ejaculation in or near the woman's vagina. The woman should use the spermicide as quickly as possible after ejaculation. (Despite the optimism of this suggestion, it is probably too late to stop some sperm from swimming up into the uterus and to protect against STDs, including HIV.)

No matter what other methods of contraception a woman is using, if she is at any risk because her partner tests HIV positive or because she does not know her partner's HIV status, she should be advised to use latex or plastic condoms with every sexual act.

No other contraceptive method besides abstinence provides the same degree of protection.

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